NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/545181

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	14			___	690 .		___
Total Claims >20	203/103		-20 = ___	X	___		=	___
Independent Claims >3	202/102	6	-3 = 3	X	___	234 .	=	___
Mult. Dep Claim Present	204/104				___		=	___
Surcharge	205/105				___	130 .	=	___
English Translation	139							___

TOTAL FEE CALCULATION   ⟶

Fees due upon filing the application:

Total Filing Fees Due = $ 1054.00

Less Filing Fees Submitted - $ -0-

BALANCE DUE   = $ 1054.00

Office of Initial Patent Examination

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09545181

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	14 minus 20=	*
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		345.00	OR		690.00
TOTAL CLAIMS	X$ 9=		OR	X$18=	—
INDEPENDENT CLAIMS	X39=		OR	X78=	234
MULT DEP	+130=		OR	+260=	—
TOTAL			OR	TOTAL	924

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR **SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 14	Minus	** 20	= —
Independent	* 7	Minus	*** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	X$ 9=		OR	X$18=	
Independent	X39=		OR	X78=	
Mult	+130=		OR	+260=	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	X$ 9=		OR	X$18=	
Independent	X39=		OR	X78=	
Mult	+130=		OR	+260=	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	X$ 9=		OR	X$18=	
Independent	X39=		OR	X78=	
Mult	+130=		OR	+260=	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.